

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15J200	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - EVANSVILLE PSYCHIATRIC CHILDREN S CENTER B. WING _____		(X3) DATE SURVEY COMPLETED R 02/25/2013
NAME OF PROVIDER OR SUPPLIER EVANSVILLE PSYCHIATRIC CHILDREN'S CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3300 E MORGAN AVE EVANSVILLE, IN 47715		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>Paper compliance to the Life Safety Code Recertification and State Licensure Survey conducted on 01/17/13 was completed on 02/25/13.</p> <p>Review Date: 02/25/13</p> <p>Facility Number: 005966 Provider Number: 15J200 AIM Number: 100273120A</p> <p>Surveyor: Dennis Austill, Life Safety Code Supervisor</p> <p>Evansville Psychiatric Children's Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR 482.41(b), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p>	K 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.